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ABSTRACT

When a student is involved with more than one intervener, management of care is a concern. Management of care involves a variety of activity all of which is designed to ensure that student/family interests are well served. At the core is enhanced monitoring focused on the appropriateness of interventions. This quick training aid presents a brief set of resources on school-based case management to guide those providing an in-service training session. The packet contains a brief introduction to the topic with key talking points, fact sheets and practice notes, tools and handouts, and a directory of additional resources. (GCP)

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Mental Health in Schools Center
Training and Technical Assistance

A Center Quick Training Aid . . .

Case Management in the School Context

This document is a hard copy version of a resource that can be downloaded at no cost from the Center's website http://smhp.psych.ucla.edu

The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspice of the School Mental Health Project, Dept. of Psychology, UCLA. Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095-1563 (310) 825-3634 Fax: (310) 206-8716; E-mail: smhp@ucla.edu

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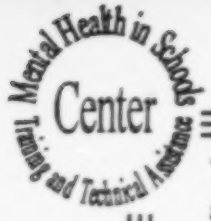

The *Center for Mental Health in Schools* operates under the auspices of the School Mental Health Project at UCLA.* It is one of two *national centers* concerned with mental health in schools that are funded in part by the U.S. Department of Health and Human Services, Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration -- with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (Project #U93 MC 00175).

The UCLA Center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. In particular, it focuses on comprehensive, multifaceted models and practices to deal with the many external and internal barriers that interfere with development, learning, and teaching. Specific attention is given policies and strategies that can counter marginalization and fragmentation of essential interventions and enhance collaboration between school and community programs. In this respect, a major emphasis is on enhancing the interface between efforts to address barriers to learning and prevailing approaches to school and community reforms.

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Quick Training Aids

Case Management in the School Context

Periodically, windows of opportunities arise for providing inservice at schools about mental health and psychosocial concerns. When such opportunities appear, it may be helpful to access one or more of our Center's *Quick Training Aids*.

Each of these offers a brief set of resources to guide those providing an inservice session. (They also are a form of quick self-tutorial and group discussion.)

Most encompass

- key talking points for a short training session
- a brief overview of the topic
- facts sheets
- tools
- a sampling of other related information and resources

In compiling resource material, the Center tries to identify those that represent "best practice" standards. If you know of better material, please let us know so that we can make improvements.

This set of training aids was designed for free online access and interactive learning. It can be used online and/or downloaded at http://smhp.psych.ucla.edu – go to Quick Find and scroll down in the list of "Center Responses to Specific Requests" to *Safe Schools and Violence Prevention*. Besides this Quick Training Aid, you also will find a wealth of other resources on this topic.

Guide for Suggested Talking Points

I. Brief Overview

Page

A. Present main points from:
School-Based Case Management - Excerpted from *Addressing Barriers to Learning*, Vol. 2, No. 3, Summer 1997, p. 10. 5

1. Note the various systems that must be in place to best serve the student and family.
2. Also note the basic tasks required for primary managers of care (or case managers), including the possibility of a team approach.

B. Excerpts from: Building Scaffolds of Support: Case Management in Schools - O'Dowd, Ryan, & Broadbent (August, 2001). Report for the Victorian Full Service Schools Program, Department of Education, Employment & Training, Victoria, Australia. Full document available on-line: [http://www.successfullearning.com.au/scaffold.pdf]. 6

1. Synthesizes basic lessons learned from a review of the topic. Attempts to identify some important ingredients and describes some key steps common to most case management systems.
2. Please refer to Section 4 of this document entitled *Effective Case Management in Schools* for an in depth explanation of various approaches to establishing a case management process within the school context. These strategies are provided as overheads as part of the Quick Training Aid.

II. Fact Sheets / Practice Notes

A. Managing Care, Not Cases - Excerpted from A Center Technical Aid packet entitled: *School-Based Client Consultation, Referral, and Management of Care*, Section III. 11

1. Describes the various steps and activities involved in securing high-quality care management for students. These steps are broken down into three stages, including 1) Initial monitoring of care, 2) Ongoing Management of Care, and 3) Systems of care.
2. Identifies the various information systems as well as options for organizing the responsibilities of participating service providers.
3. Note the emphasis on client motivation.

B. Excerpts from Case Management: An Introduction to Concepts and Skills – by Frankel & Gelman (1998). Chicago: Lyceum. On-line: [http://www.mtsu.edu/~socwork/frost/soc/thera/casemange.htm] 14

- Highlight definitions and tasks as a brief introduction to the topic for those who are unfamiliar with the roles and responsibilities involved.

C. NASW Standards for Social Work Case Management - Case Management Work Standards Group. 16

1. Ten standards elucidate the nature of social work case management, and the responsibilities of social work case managers.
2. Full on-line document provides a brief history, goals, tasks and functions, and an in-depth interpretation of each of the standards for this form of service delivery.

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III. Tools/Handouts

A. Survey of System Status - Excerpted from center continuing education packet entitled: *Addressing Barriers to Learning: New Directions for Mental Health in Schools*, (Instructor's Guide, pp. 11-13). 18

- As your school sets out to enhance its intervention systems, it will be helpful to know how the current resources are organized to work in a coordinated way. This self-study provides a starting point for improving existing systems and filling gaps.

B. Student and Family Assistance Programs and Services: Survey of Program Status – Excerpted from center continuing education packet entitled: *Addressing Barriers to Learning: New Directions for Mental Health in Schools*, (Instructor's Guide, pp. 14-17). 21

- This self-study survey is intended as an aid for inventories, monitoring and continual enhancement of on-going services. The ultimate outcome of assessing program status is to ensure that students receive special assistance when appropriate and necessary, and that the quality of services is sufficient.

C. Referral Intervention Guidelines - Excerpted from A Center Technical Aid packet entitled: *School-Based Client Consultation, Referral, and Management of Care*, Section II. 26

- Effective referrals are a central component of care management. These guidelines outline the steps involved in the referral intervention process.

D. Tools to Aid in Assuring Quality of Care - Excerpted from center technical aid packet entitled: *School-Based Client Consultation, Referral, and Management of Care*, Appendix D. 30

IV. Additional Resources

A. Quick Find on Case/Care Management. 42

B. Case Management with At-Risk Youth - The Center for Human Resources, The Heller School, Brandeis University. Available on-line: [http://graduateschool.heller.brandeis.edu/chr/case.htm] 47

C. Reference and summary for Curriculum for Community-Based Child and Adolescent Case Management Training 57

D. Reference and summary of Child & Adolescent Case Management: An Annotated Bibliography. 1987-1991. 58

VI. Originals for Overheads

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The following can be copied to overhead transparencies to assist in presenting this material.

A. Common Definitions of Case Management
B. Systems for Managing Care (2 pages)
C. Effective Case Management in Schools

I. Brief Overview

- School-Based Case Management
- Excerpts from *Building Scaffolds of Support: Case Management in Schools*

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From *Addressing Barriers to Learning*, Vol. 2(3), Summer 1997 (Newsletter of the Center for Mental Health in Schools at UCLA)

School-Based Case Management

In the last issue, we highlighted the importance of developing systems at a school for *problem identification, triage, referral,* and *management of care.* Below we provide more detail on school-based teams for *case* management, or as we prefer, management of *care.* A strong emphasis is given to the value of teachers as key team members.

When a student/family is involved with more than one intervener, management of care is a concern (e.g., to ensure coordination, improve quality, and enhance cost-efficacy). As additional services are implemented, the role of teachers as primary interveners often is not capitalized upon. This is especially likely when teachers are not collaborative members of teams to manage care. Teachers are part of many committees and teams at a school. And, there is a role for teachers on school-based teams for management of care. This is not to say that all teachers can or should be included. Some teachers, however, want to participate, and their collaborative efforts are invaluable.

Management of care involves a variety of activity all of which is designed to ensure that student/family interests are well-served (Ballew & Mink, 1986; Rothman, 1992; Weil, Karls, & Associates, 1985). At the core is enhanced monitoring focused on the appropriateness of interventions (e.g., adequacy of client involvement, intervention planning and implementation, and progress). Such ongoing monitoring requires systems for

- tracking student/family involvement
- amassing and analyzing data on intervention planning and implementation
- amassing and analyzing progress data
- recommending changes.

Effective monitoring depends on systems that enable those involved with students/families to regularly gather, store, and retrieve data. In coming years, more and more of this information will be entered into computers to facilitate retrieval and assist in other ways with client care.

Besides monitoring processes and outcomes, management of care also involves changing interventions as necessary. Steps must be taken to improve the quality of processes, including coordination among interveners. Intervention plans must be revised to increase efficacy and minimize "costs" -- including addressing negative "side effects." Along the way, those managing care may have to advocate for and broker more help and provide the linkage among services to ensure communication and coordination -- including contact with care givers at home.

Who does all this monitoring and management? Ideally, all involved parties are part of a *management team.* Given that teachers are critical partners at almost every step, their collaborative participation as team members seems essential and can yield substantial "added value" to the process

One member of the team takes *primary* responsibility in each case (a *primary manager*). Sites with sufficient resources often opt to employ one staff member to fill this role for all clients. However, with limited resources, a more practical model is to train many staff, including willing and able teachers, to share such a role. Ultimately, with proper instruction, one or more family members also may assume this role.

All who become primary managers of care must approach the role in a way that respects the client and conveys a sense of caring. The process is oriented to problem-solving but should not be limited to treating problems (e.g., while working on problems, young people must not be cut off from developmental and enrichment opportunities). In most instances, a youngster's family is integrally involved and empowered as partners, as well as recipients of care. Well-implemented management of care can help ensure that clients are helped in a comprehensive, integrated manner designed to address the whole person. A positive side effect of all this can be enhancement of systems of care.

Management teams should meet whenever analysis of monitoring information suggests a need for program changes and at designated review periods. Between meetings, the primary manager ensures care is appropriately monitored, team meetings are called as changes are needed, and that changes are implemented. It is the team as a whole, however, that has responsibility for designating necessary changes and working to ensure changes are made.

A few basic tasks for primary managers of care are:

- Before a team meeting, write up analyses of monitoring data and any recommendations to share with management team.
- Immediately after a team meeting, write up and circulate changes proposed by management team and emphasize who has agreed to do which tasks and when.
- Set-up a "tickler" system to remind you when to check on whether tasks have been accomplished.
- Follow-up with team members who have not accomplished agreed upon tasks to see what assistance they need.

Clearly, a case management team is essential in ensuring care is provided in a coordinated and effective manner.

References

Ballew, J., & Mink, G. (1986). *Case management in the human services.* Springfield, IL: Charles C. Thomas.

Rothman, J.R. (1992). *Guidelines for case management: Putting research to professional use.* Itasca, IL: Peacock.

Weil, M., Karls, J.M. & Associates (1985). *Case management in human service practice.* San Francisco: Jossey-Bass.

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Excerpts from:

BUILDING SCAFFOLDS OF SUPPORT: CASE MANAGEMENT IN SCHOOLS

O,Dowd, Ryan, & Broadbent (August, 2001). A Report for the Victorian Full Service Schools Program, Department of Education, Employment and Training, Victoria, Australia.
[http://successfullearning.com.au/scaffold.pdf]

KEY FEATURES OF INDIVIDUAL CASE MANAGEMENT:

The key features of case management were identified initially as mainly welfare related and included:

- A trusting and enabling relationship between the young person and worker,
- A focus on understanding the young person in the context of the social and emotional environment in which the young person is located,
- Ensuring continuing care where there are complex and/or multiple problems, and
- Ameliorating the emotional problems accompanying issues the young person may face (family conflict, homelessness, loss of income or economic support, poverty).

Activities undertaken in case management are wide ranging and include assisting young people with study skills (sometimes this was done individually or at other times collectively). The most common activity through the schools was work placement. At times the worker would meet with the young people's families. Sometimes the worker would meet with the teachers the young person did not get on with, and also meet with those with whom the young person liked to mediate and discuss issues. Workers also connected the young people to youth groups and to counselling.

For some workers, casework embraced mediation between one young person and his/her peers. Some workers acted as advocates on behalf of the young person for housing. Mentoring was provided as an individual approach. Typically this took place in conjunction with outside agencies.

WORKING WITH GROUPS

In addition to work that they undertook with individual young people, many workers also conducted activities for groups of young people who were considered at risk. Through this, workers sought to develop skills in young people and to prepare school, social and work environments to enable them to function more effectively outside of the comfort of the one-on-one sessions in which workers and young people met. This work included:

- Advocating on behalf of the young person to salient other agencies or individuals,
- Assessing the young person's capacity and support network in determining the level of care,
- Supporting the young person in self-determination, conveying to the young person his or her worth and dignity, and taking mutual responsibility in decision making, and,
- Ensuring a coordinated response to the young person's needs through liaising with education, training, employment and other agencies and individuals involved.

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(Adapted from Greene, R. (1992). Case management: An agenda for social work practice, p.12. In Vourlekis, B., and Greene, R. (Eds) *Social Work Management*, Aldine de Gruyter, New York)

NETWORKING WITHIN THE SCHOOL

Systemic internal supports in the school included advocacy programs where teachers were linked with set numbers of young people and the teacher met those young people and acted as an advocate when they experienced problems or sought assistance.

Another internal support was formalising a process to identify at risk young people in a school. By developing and using a measure to assess the level of risk in each Year 9 student, the school found it was able to identify systematically those young people who were most at risk of dropping out. They were then invited to join a special program.

A Peer Support Program was another initiative. In this the young people in the school were recruited from every sub-group and had a full day's training on how to support their peers. All students knew who the peer support workers were.

Activities included developing age markers in the school that recognised young people's developing needs for independence. So, for example, in one school, Year 9 students were provided with a program that enabled them to go out and explore the city through undertaking a structured educational activity.

EXTERNAL SYSTEMIC WORK

Parents appreciated being contacted and kept informed about options for the young people. Ways of maintaining this contact included telephone calls, newsletters and letters sent to the parents' home.

Rather than operating on an individual school basis, some schools found it more effective to form coalitions with other schools, and then to discuss and address the young people's needs on a collective basis.

The general observation about networking with outside groups was that this was part of a long-term process, not simply of contacting agencies but developing trust, understanding and knowledge and alternative perspectives on working with young people. Links were established to refer individuals and groups to education, training, employment and other community organizations depending on the young people's needs and the imagination and networks of the referee and referral organizations.

The organizations included local youth services and a whole range of social supports services such as counselling and tutoring, personal development, anger management and self esteem. Training and employment agencies were frequently cited as key agencies.

Some schools, in planning programs to meet the needs of their students, networked with other education providers. These included providers of adult literacy programs. Such courses provided entry points to alternative and more appropriate qualifications for young people with poor literacy, such as the Certificate of General Education for Adults (CGEA).

Schools undertook networking with employers and group training and other agencies to develop work experience programs for young people.

WORK EXPERIENCE

Work experience was presented by workers and by young people as the major pillar in case management. Work experience was a tangible way for workers to assist young people in constructing their education, training and employment pathways. It was something that was meaningful to the young people, something which they usually understood and which they enjoyed. Work experience provided the strongest link between the school and the community and for the young person the strongest link between school and the future.

The aims of work experience programs included:

- facilitating the transition to work
- providing an opportunity to try out an employment goal
- broadening knowledge about the options available
- providing experience in an area of work the students' academic standard would enable them to access on leaving school
- increasing awareness of the qualifications required
- providing experience of employment in a supportive context
- enabling young people to make reasoned choices about leaving school and about employment options, and
- developing young people's commitment.

The following tasks for workers engaged in conducting work experience programs for young people were found to be important:

- Drawing up with young people a set of guidelines and thinking points to draw on during the work experience.
- Preparing with employers a framework for the work experience.
- Liaising with employers regularly.
- Visiting the work sites.
- Ensuring the young people attended.
- Monitoring the young people's performance carefully, for example through a form to be completed every week by employers on the students' progress.
- Addressing any problems with the work placement and assisting the young person with strategies to fix them.
- Promoting the young people's experiences as positive, for example taking their photographs and putting them in the school newsletter.
- Addressing work and gender stereotypes.
- Connecting work experience and school work more closely by either reducing the school work requirements so time missed in work experience was taken into account, or integrating the work experience into the class work requirements.
- De-briefing young people after work experience and fostering reflection of the young people about their work experience, for example, how their goals may have changed.
- Ensuring young people receive certificates for recognition of work experience, and a reference, if possible, from the employer.

STRATEGIES FOR DEVELOPING A CASE MANAGEMENT PROCESS IN SCHOOLS

From the investigation of the use of case management processes in the Full Service Schools Program, it is possible to suggest strategies derived from both theory and practice. Taken together these can lead to the development of a school model. The way in which workers in schools understood case management was to see it as a holistic approach incorporating not only individual

support, but also curriculum programs and vocational learning experiences. In order to be focused on the needs of the students, case management must actively involve these young people in negotiating activities to meet their needs.

The implementation of an effective school model of case management should take into account a wide range of considerations, including the following strategies:

Develop a clearly articulated philosophy and theoretical framework:

Critical concepts include:

- recognising that all young people are potentially at risk
- developing engagement (how to involve young people in learning)
- developing membership (developing all young people's sense of being a part of the school)
- developing community (developing a culture of shared concern)
- building effective networks.

Identify a designated person and join a network:

As a first step in building scaffolds of support, there needs to be a designated person in conjunction with a team or network, who plans, coordinates and liaises within and outside the school.

Develop a process to identify the needs of all young people in the school:

This might include developing a formal relationship between each student and a staff member. It could involve developing a more formal assessment process.

Establish a comprehensive work experience program:

The value of strong work experience or vocational learning programs is emphasised in other sections of the report.

Develop a process to identify and address systemic risk factors in the school:

Identify ways of removing barriers which inhibit any young person's opportunity to succeed educationally, socially and interpersonally within the school environment.

Develop a process to identify and respond to risk in the community:

Recognise the risk factors in the local community, for example unemployment, drug issues, violence, racism, family issues and lack of community networking. Establish means within the school of increasing awareness of and building proactive responses in young people to these issues. Establish strong collaborative community networks to provide effective support for young people.

Establish strong school and community networks:

Networks with parents, school and other education providers, and with other agencies and the broader community greatly enhance the education, training and employment opportunities available to all young people.

Evaluation of practice

Ongoing formative and summative evaluation is essential in determining the extent to which the support needs of young people are being met. The focus needs to be on addressing and improving the scaffolds of support for all young people in schools through identification and response to individual employment, education and training needs. The purpose of valuation should be to refine and develop successful initiatives while recognising the lessons from unsuccessful initiatives.

II. Fact Sheets / Practice Notes

- Managing *Care*, Not Cases
- Case Management: Concepts & Skills
- NASW Standards for Social Work Case Management

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Practice Notes:

Managing *Care*, Not *Cases*

Common terminology designates those whom professionals work with as "cases." Thus, considerations about making certain that clients connect with referral resources often are discussed as "case monitoring" and efforts to coordinate and integrate interventions for a client are designated "case management."

Given that words profoundly shape the way people think, feel, and act, some professionals are arguing for use of the term "care" in place of "case." Such a move is in keeping with the view that care is a core value of helping professionals. It also is consistent with the growing emphasis on ensuring that schools are "caring communities." For these reasons, it seems appropriate to replace the term case management with that of *management of care*.

Management of care involves (1) initial monitoring, (2) ongoing management of an individual's prescribed assistance, and (3) system's management. As with any intervention, these activities must be implemented in ways that are developmentally and motivationally appropriate, as well as culturally sensitive.

Initial Monitoring of Care

Stated simply, monitoring of care is the process by which it is determined whether a client is appropriately involved in prescribed programs and services. Initial monitoring by school staff focuses on whether a student/family has connected with a referral resource. All monitoring of care requires systems that are designed to gather information about follow-through and that the referral resource is indeed turning out to be an appropriate way for to meet client needs. When a client is involved with more than one intervener, management of care becomes a concern. This clearly is always the situation when a student is referred for help over and above that which her/his teacher(s) can provide.

Subsequent monitoring as part of the ongoing management of client care focuses on coordinating interventions, improving quality of care (including revising intervention plans as appropriate), and enhancing cost-efficacy.

Ongoing Management of Care

At the core of the on-going process of care management are the following considerations:

- Enhanced monitoring of care with a specific focus on the appropriateness of the chosen interventions,
- Adequacy of client involvement;
- Appropriateness of intervention planning and implementation, and progress.

Such ongoing monitoring requires systems for:

- Tracking client involvement in interventions
- Amassing and analyzing data on intervention planning and implementation
- Amassing and analyzing progress data
- Recommending changes

Effective Care Management is based upon:

- Monitoring processes and outcomes using information systems that enable those involved with clients to regularly gather, store, and retrieve data.
- The ability to produce changes as necessary to improve quality of processes.
- Assembling a "management team" of interveners and clients, and assigning primary responsibility for management of care to one staff member or to several staff who share the role.
- Assuming a role that always conveys a sense of caring and a problem-solving orientation, and involves families as empowered partners.
- Facilitation of self-determination in clients by encouraging participation in decision-making and team reviews (particularly when clients are mandated or forced to enroll in treatment)
- Meeting as a management teams need to meet whenever analysis of monitoring information suggests a need for program changes or at designated review periods.

A few basic guidelines for primary managers of care are:

- Write up analyses of monitoring findings and recommendations to share with management team;
- Immediately after a team meeting, write up and circulate changes proposed by management team and emphasize who has agreed to do which tasks by when;
- Set-up a "tickler" system (e.g., a notation on a calendar) to remind you when to check on whether tasks have been accomplished;
- Follow-up with team members who have not accomplished agreed upon tasks to see what assistance they need.

Systems of Care

The concept of a "system of care" is an evolving idea that is applied in a variety of ways. While management of care is focused on a given client, the concept of systems of care emphasizes the importance of coordinating, integrating, and enhancing systems and resources to ensure that appropriate programs are available, accessible, and adaptable to the needs of the many clients who need help. Moreover, the aim is to ensure these resources are used effectively and efficiently.

A focus on system resources requires attending to various arenas and levels of potential support. A school has many programs and services that it owns and operates. A school district has additional resources. The surrounding community usually has public and private sector programs and a variety of other resources that may be of assistance. City, county, and state agencies also play a role in addressing certain needs.

In its initial application, the concept of systems of care focused on services to address clients with severe and well-established problems (e.g., youngsters with serious emotional disturbance). The intent of systems of care for such populations is to:

- develop and provide a full array of community-based programs (including residential and non-residential alternatives to traditional inpatient and outpatient programs) to enhance what is available and reduce overreliance on out-of-home placements and overly restrictive treatment environments;
- increase interagency collaboration in planning, developing, and carrying out programs to enhance efficacy and reduce costly redundancy;
- establish ways that interventions can be effectively adapted to the individuals served.

To expand these goals to encompass prevention, there are increasing calls for incorporating primary and secondary prevention programs into all systems of care. At school sites, one mechanism for focusing on enhancing systems of care is a Resource Coordinating Team. Such a team is designed to bring together representatives from all major programs and services addressing barriers to learning and promoting healthy development (e.g., pupils services personnel, a site administrator, special education staff, bilingual coordinators, health educators, noncredentialed staff, parents, older students). It also includes representatives from community agencies that are significantly involved at a school.

A Resource Coordinating Team differs from teams created to review individual students (such as a student study team) because it focuses on managing and enhancing *systems* to coordinate, integrate, and strengthen interventions. At the same time, many of the same staff usually are on both types of teams. Thus, initial creation of a Resource Coordinating Team often is best accomplished by broadening the scope of a student study team (or a teacher assistance team or a school crisis team). In doing so, however, it is essential to separate the agenda and have the members change "hats."

A Resource Coordinating Team works toward weaving together all school and community programs and services. Among its activities, the team:

- Conducts resource mapping and analysis with a view to improving resource use and coordination
- Ensures that effective systems are in place for triage, referral, management of care, and quality improvement
- Establishes appropriate procedures for effective program management and for communication among school staff and with the home
- Suggests ways to reallocate and enhance resources (e.g., clarifying how to better use staff and resources, which activities need revision or are not worth continuing).

Properly constituted, trained, and supported, a Resource Coordinating Team can complement the work of the school's governance body through providing on-site overview, leadership, and advocacy for activities aimed at addressing barriers to learning and enhancing healthy development. To these ends, at least one team member should be designated as a liaison between the team and the school's governing and planning bodies to ensure the maintenance, improvement, and increased integration of essential programs and services with the total school program.

Because they often deal with the same families (e.g., families with children at each level of schooling) and link with the same community resources, complexes of schools (a high school and its feeder middle and elementary schools) should work collaboratively. A Complex Resource Coordinating *Council* brings together representatives from each school's Resource Coordinating Team to facilitate coordination and equity among schools in using school and community resources.

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CASE MANAGEMENT: CONCEPTS & SKILLS

Excerpts from:
Arthur J. Frankel and Sheldon R. Gelman are the authors of Case Management: An Introduction to Concepts and Skills (Lyceum: Chicago, 1998). Available on-line: [http://www.mtsu.edu/~socwork/frost/soc/thera/casemange.htm]

What is Case Management?

"Case management as a way of helping people has a long and rich history." (p. 3).
"While the focus of case management is linking a client to needed services, other elements involve advocacy and social action" (pp. 3-4).
"If the goal is service access and coordination, the case manager's efforts are designed to alleviate or counter the fragmentation of services and the natural tendency of bureaucratic organizations toward disorganization. For the case manager to achieve this goal, the following elements or conditions must be present:

- An accurate assessment and ongoing evaluation of client needs;
- The ability to link clients to resources appropriate to their needs;
- The power to ensure that appropriate and needed services are actually delivered;
- The capacity to see that services are utilized" (p. 5).

Case Management Tasks

"Probably the most comprehensive listing of tasks required of and performed by case managers was developed by Bertsche and Horejsi in 1980. The thirteen basic tasks provide a clear and concise description of case management responsibilities:

1. Complete the initial interviews with the client and his or her family to assess the client's eligibility for services.

2. Gather relevant and useful data from the client, family, or other agencies, and so on to formulate a psychosocial assessment of the client and his or her family.

3. Assemble and guide group discussions and decision-making sessions among relevant professionals and program representatives, the client and his or her family, and significant others to formulate goals and design an integrated intervention plan.

4. Monitor adherence to the plan and manage the flow of accurate information within the action system to maintain a goal orientation and coordination momentum.

5. Provide 'follow-along' to the client and his or her family to speed identification of unexpected problems in service delivery and to serve as a general troubleshooter on behalf of the client.

6. Provide counseling and information to help the client and his or her family in situations of crisis and conflict with service providers.

7. Provide ongoing emotional support to the client and his or her family so they can cope better with problems and utilize professionals and complex services.

Practice Notes:

(Continued...)

8. Complete the necessary paperwork to maintain documentation of client progress and adherence to the plan by all concerned.

9. Act as a liaison between the client and his or her family and all relevant professionals, programs, and informal resources involved in the overall intervention plan to help the client make his or her preferences known and secure the services needed.

10. Act as a liaison between programs, providing services to the client to ensure the smooth flow of information and minimize the conflict between the subsystems.

11. Establish and maintain credibility and good public relations with significant formal and informal resource systems to mobilize resources for current and future clients.

12. Perform effectively and as a 'good bureaucrat' within the organization to be in a position to develop and modify policies and procedures affecting clients and the effectiveness of the service delivery system.

13. Secure and maintain the respect and support of those in positions of authority so their influence can be enlisted on behalf of the client and used, when necessary, to encourage other individuals and agencies to participate in the coordination effort" (pp. 15-17).

A Final Word

"The potential of case management to help people solve their problems, make better use of the available community and governmental resources, and work together to advocate and develop new and better resources is tremendous.... Case management programs can give their clients fish, fishing poles, and guidance to the lakes where the fish are. " (pp. 141-2).

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Practice Notes:

The National Association of Social Works has compiled the following list of standards to identify the nature of social work case management, and the responsibilities of social work case managers. These standards are intended to apply to all service providers in the specific role of "case manager," as well as to all members of case management teams.

NASW Standards for Social Work Case Management

- **Standard 1.** The social work case manager shall have a baccalaureate or graduate degree from a social work program accredited by the Council on Social Work Education and shall possess the knowledge, skills, and experience necessary to competently perform case management activities.
- **Standard 2.** The social work case manager shall use his or her professional skills and competence to serve the client whose interests are of primary concern.
- **Standard 3.** The social work case manager shall ensure that clients are involved in all phases of case management practice to the greatest extent possible.
- **Standard 4.** The social work case manager shall ensure the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- **Standard 5.** The social work case manager shall intervene at the client level to provide and/or coordinate the delivery of direct services to clients and their families.
- **Standard 6.** The social work case manager shall intervene at the service systems level to support existing case management services and to expand the supply of and improve access to needed services.
- **Standard 7.** The social work case manager shall be knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out all case management functions and activities.
- **Standard 8.** The social work case manager shall participate in evaluative and quality assurance activities designed to monitor the appropriateness and effectiveness of both the service delivery system in which case management operates as well as the case manager's own case management services, and to otherwise ensure full professional accountability.
- **Standard 9.** The social work case manager shall carry a reasonable caseload that allows the case manager to effectively plan, provide, and evaluate case management tasks related to client and system interventions.
- **Standard 10.** The social work case manager shall treat colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

III. Tools/ Handouts

- Survey of System Status
- Student and Family Assistance Programs and Services: Survey of Program Status
- Referral as an Intervention
  - Referral Intervention Guidelines
  - Steps in the Referral Process
- Tools to Aid in *Assuring Quality of Care*
  - Management of Care Review Form
  - Follow-up Rating Form – Service Status

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Survey of System Status

This **Quick Training Aid** is part of a set of self study surveys. The complete set is included in the Continuing Education packet entitled: *Addressing Barriers to Learning: New Directions for Mental Health in Schools, Instructor's Guide*, pp. IV-15 - IV-17. Center for Mental Health in Schools (2000).

As your school sets out to enhance the usefulness of education support programs designed to address barriers to learning, it helps to clarify what you have in place as a basis for determining what needs to be done. You will want to pay special attention to

- *clarifying what resources already are available*
- *how the resources are organized to work in a coordinated way*
- *what procedures are in place for enhancing resource usefulness*

This survey provides a starting point.

Items 1-6 ask about what processes are in place.
Use the following ratings in responding to these items.

DK = don't know
1 = not yet
2 = planned
3 = just recently initiated
4 = has been functional for a while
5 = well institutionalized (well established with a commitment to maintenance)

Items 7-10 ask about effectiveness of existing processes.
Use the following ratings in responding to these items.

DK = don't know
1 = hardly ever effective
2 = effective about 25% of the time
3 = effective about half the time
4 = effective about 75% of the time
5 = almost always effective

DK = don't know
1 = not yet
2 = planned
3 = just recently initiated
4 = has been functional for a while
5 = well institutionalized

1. Is someone at the school designated as **coordinator/leader** for activity designed to address barriers to learning (e.g., education support programs, health and social services, the Enabling Component)? DK 1 2 3 4 5

2. Is there a time and place when **personnel** involved in activity designed to address barriers to learning **meet** together? DK 1 2 3 4 5

3. Do you have a **Resource Coordinating Team?** DK 1 2 3 4 5

4. Do you have **written descriptions** available to give staff (and parents when applicable) regarding

(a) **activities** available **at the site** designed to address barriers to learning (programs, teams, resources, services -- including parent and family service centers if you have them)? DK 1 2 3 4 5

(b) **resources** available **in the community**? DK 1 2 3 4 5

(c) a **system** for staff to use in making **referrals**? DK 1 2 3 4 5

(d) a **system** for **triage** (to decide how to respond when a referral is made)? DK 1 2 3 4 5

(e) a **case management system**? DK 1 2 3 4 5

(f) a **student study team**? DK 1 2 3 4 5

(g) a **crisis team**? DK 1 2 3 4 5

(h) Specify below any other relevant programs/services -- including preventive approaches (e.g., **prereferral** interventions; welcoming, **social support, and articulation** programs to address transitions; programs to **enhance** home involvement in schooling; community outreach **and use** of volunteers?

_____ DK 1 2 3 4 5
_____ DK 1 2 3 4 5
_____ DK 1 2 3 4 5
_____ DK 1 2 3 4 5

5. Are there effective **processes by which staff and families learn**

(a) **what is available** in the way of programs/services? DK 1 2 3 4 5

(b) **how to access** programs/services they need? DK 1 2 3 4 5

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DK = don't know
1 = not yet
2 = planned
3 = just recently initiated
4 = has been functional for a while
5 = well institutionalized

6. With respect to your **complex/cluster's** activity designed to address barriers to learning has someone at the school been designated as a **representative** to meet with the other schools? DK 1 2 3 4 5

7. How **effective** is the

(a) referral system? DK 1 2 3 4 5

(b) triage system? DK 1 2 3 4 5

(c) case management system? DK 1 2 3 4 5

(d) student study team? DK 1 2 3 4 5

(e) crisis team? DK 1 2 3 4 5

8. How **effective** are the **processes** for

(a) planning, implementing, and evaluating **system improvements** (e.g., related to referral, triage, case managagement, student study team, crisis team, prevention programs)? DK 1 2 3 4 5

(b) **enhancing resources** for assisting students and family (e.g., through staff development; developing or bringing new programs/services to the site; making formal linkages with programs/services in the community)? DK 1 2 3 4 5

9. How **effective** are the processes for ensuring that

(a)**resources** are properly **allocated and coordinated?** DK 1 2 3 4 5

(b) **linked community services** are effectively **coordinated/ integrated with related activities at the site?** DK 1 2 3 4 5

10. How **effective** are the **processes** for ensuring that **resources** available to the whole complex/cluster are properly **allocated and shared/coordinated**? DK 1 2 3 4 5

Please list **community resources** with which you have formal relationships.

(a) Those that bring program(s) to the school site.

(b) Those not at the school site but which have made a special commitment to respond to the school's referrals and needs.

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Student and Family Assistance Programs and Services: Survey of Program Status

This **Quick Training Aid** is part of a set of self study surveys. The complete set is included in the Continuing Education packet entitled: *Addressing Barriers to Learning: New Directions for Mental Health in Schools, Instructor's Guide*, pp. IV-18 - IV-22. Center for Mental Health in Schools (2000).

The emphasis here is on providing special services in a personalized way to assist with a broad-range of needs. To begin with, available social, physical and mental health programs in the school and community are used. As community outreach brings in other resources, they are linked to existing activity in an integrated manner. Special attention is paid to enhancing systems for triage, case and resource management, direct services to meet immediate needs, and referral for special services and special education resources and placements as appropriate. Intended outcomes are to ensure special assistance is provided when necessary and appropriate and that such assistance is effective.

Please indicate **all** items that apply.

	Yes	Yes but more of this is needed	No	If no, is this something you want?
A. Are there classroom focuses enabling programs to reduce the need for teachers to seek special programs and services?	___	___	___	___
B. What activity is there to facilitate and evaluate requests for assistance?				
1. Does the site have a directory that lists services and programs?	___	___	___	___
2. Is information circulated about services/programs?	___	___	___	___
3. Is information circulated clarifying how to make a referral?	___	___	___	___
4. Is information about services, programs, and referral procedures updated periodically?	___	___	___	___
5. Is a triage process used to assess				
a. specific needs?	___	___	___	___
b. priority for service?	___	___	___	___
6. Are procedures in place to ensure use of prereferral interventions?	___	___	___	___
7. Do inservice programs focus on teaching the staff ways to prevent unnecessary referrals?	___	___	___	___
8. Other? (specify)_____	___	___	___	___

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C. After triage, how are referrals handled?

	Yes	Yes but more of this is needed	No	If no, is this something you want?
1. Is detailed information provided about available services (e.g., is an annotated community resource system available)?	___	___	___	___
2. Is there a special focus on facilitating effective decision making?	___	___	___	___
3. Are students/families helped to take the necessary steps to connect with a service or program to which they have been referred?	___	___	___	___
4. Other? (specify)_____	___	___	___	___

D. What types of direct interventions are provided currently?

1. Which **medical** services and programs are provided?

a. immunizations	___	___	___	___
b. first aid and emergency care	___	___	___	___
c. crisis follow-up medical care	___	___	___	___
d. health and safety education and counseling	___	___	___	___
e. screening for vision problems	___	___	___	___
f. screening for hearing problems	___	___	___	___
g. screening for health problems (specify)_____	___	___	___	___
h. screening for dental problems (specify)_____	___	___	___	___
I. Treatment of some acute problems (specify)_____	___	___	___	___
j. other (specify)_____	___	___	___	___

2. Which **psychological** services and programs are provided?

a. psychological first aid	___	___	___	___
b. crisis follow-up counseling	___	___	___	___
c. crisis hotlines	___	___	___	___
d. conflict mediation	___	___	___	___
e. alcohol and other drug abuse programs	___	___	___	___
f. pregnancy prevention program	___	___	___	___
g. gang prevention program	___	___	___	___
h. dropout prevention program	___	___	___	___
I. physical and sexual abuse prevention	___	___	___	___
j. individual counseling	___	___	___	___
k. group counseling	___	___	___	___
l. family counseling	___	___	___	___
m. mental health education	___	___	___	___
n. home outreach	___	___	___	___
o. other (specify) _____	___	___	___	___

3. Which of the following are provided to meet basic **survival needs**?

a. emergency food	___	___	___	___
b. emergency clothing	___	___	___	___
c. emergency housing	___	___	___	___
d. transportation support	___	___	___	___
e. welfare services	___	___	___	___

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	Yes	Yes but more of this is needed	No	If no, is this something you want?
f. language translation	—	—	—	—
g. legal aid	—	—	—	—
h. protection from physical abuse	—	—	—	—
I. protection from sexual abuse	—	—	—	—
j. employment assistance	—	—	—	—
k. other (specify)_____	—	—	—	—

4. Which of the following **special education, Special Eligibility, and independent study** programs and services are provided?

a. early education program	—	—	—	—
b. special day classes (specify)	—	—	—	—
c. speech and language therapy	—	—	—	—
d. adaptive P.E.	—	—	—	—
e. special assessment	—	—	—	—
f. Resource Specialist Program	—	—	—	—
g. Chapter 1	—	—	—	—
h. School Readiness Language Develop. Program (SRLDP)	—	—	—	—
I. other (specify)_____	—	—	—	—

5. Which of the following **adult education** programs are provided?

a. ESL	—	—	—	—
b. citizenship classes	—	—	—	—
c. basic literacy skills	—	—	—	—
d. parenting	—	—	—	—
e. helping children do better at school	—	—	—	—
f. other (specify)_____	—	—	—	—

6. Are services and programs provided to enhance **school readiness**? (specify)_____ — — — —

7. Which of the following are provided to address **attendance problems?**

a. absence follow-up	—	—	—	—
b. attendance monitoring	—	—	—	—
c. first day calls	—	—	—	—

8. Are **discipline proceedings** carried out regularly? — — — —

9. Other? (specify)_____ — — — —

E. Which of the following are used to manage cases and resources?

1. Is a student information system used? — — — —

2. Is a system used to trail progress of students and their families? — — — —

	Yes	Yes but more of this is needed	No	If no, is this something you want?
3. Is a system used to facilitate communication for				
a. case management?	___	___	___	___
b. resource and system management?	___	___	___	___
4. Are there follow-up systems to determine				
a. referral follow-through?	___	___	___	___
b. consumer satisfaction with referrals?	___	___	___	___
c. the need for more help?	___	___	___	___
5. Other? (specify)_____	___	___	___	___

F. Which of the following are used to help enhance the quality and quantity of services and programs?

1. Is a quality improvement system used?	___	___	___	___
2. Is a mechanism used to coordinate and integrate services/programs?	___	___	___	___
3. Is there outreach to link-up with community services and programs?	___	___	___	___
4. Is a mechanism used to redesign current activity as new collaborations are developed?	___	___	___	___
5. Other? (specify)_____	___	___	___	___

G. What programs are used to meet the educational needs of personnel related to this programmatic area?

1. Is there ongoing training for team members concerned with the area of Student and Family Assistance?	___	___	___	___
2. Is there ongoing training for staff of specific services/programs (e.g., Assessment and Consultation Team, direct service provider)	___	___	___	___
3. Other? (specify)_____	___	___	___	___

H. Which of the following topics are covered in education stakeholders?

1. Broadening understanding of causes of learning, behavior, and emotional problems	___	___	___	___
2. Broadening understanding of ways to ameliorate (prevent, correct) learning, behavior, and emotional problems	___	___	___	___
3. Developing systematic academic supports for students in need	___	___	___	___

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	Yes	Yes but more of this is needed	No	If no, is this something you want?
4. What classroom teachers and the home can do to minimize the need for special interventions	___	___	___	___
5. Enhancing resource quality, availability, and scope	___	___	___	___
6. Enhancing the referral system and ensuring effective follow-through	___	___	___	___
7. Enhancing the case management system in ways that increase service efficacy	___	___	___	___
8. Other (specify)_____	___	___	___	___

I. Please indicate below any other ways that are used to provide student and family assistance to address barriers to student's learning.

_____
_____
_____
_____
_____

J. Please indicate below other things you want the school to do to provide student and family assistance to address barriers to student's learning.

_____
_____
_____
_____
_____

Referral as an Intervention

This **Quick Training Aid** was excerpted from a Technical Aid Packet entitled: *School-Based Client Consultation, Referral, and Management of Care*, pp.18, 25-28. Center for Mental Health in Schools (1997).

It is important to remember that referral is an intervention. Because it involves decisions about how to move from what is currently happening to a better state of affairs, it can be viewed as transition intervention.

Referral: A Transition Intervention

The referral process begins when someone identifies a problem and asks for help. Sometimes assistance can be given at this point so that the student does not need referral to special services. This type of assistance is often called *prereferral intervention*. Actually, it is the first and sometimes a sufficient phase of the referral process. The assessment data generated during this process also is useful in making triage decisions.

Effective referral *intervention* strategies involve procedures that:

- provide ready reference to information about appropriate referrals
- maximize follow-through by helping students and families make good decisions and plan ways to deal with potential barriers.

A client oriented, user friendly referral intervention is built around recognition of the specific needs of those served and involves clients in every step of the process. That is, the intervention is designed with an appreciation of:

- the nature and scope of student problems as perceived by students and their family
- differences among clients in terms of background and resources
- the ethical and motivational importance of client participation and choice.

Moreover, given that many clients are reluctant to ask for or follow-through with a referral, particular attention is paid to ways to overcome factors that produce reluctance.

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Referral Intervention Guidelines

A referral intervention should minimally

- provide readily accessible basic information about all relevant sources of help
- help the student/family appreciate the need for and value of referral
- account for problems of access (e.g., cost, location, language and cultural sensitivity)
- aid students/families to review their options and make decisions in their own best interests
- provide sufficient support and direction to enable the student/family to connect with an appropriate referral resource
- follow-up with students (and with those to whom referrals are made) to determine whether referral decisions were appropriate.

These guidelines can be translated into a 9 step intervention designed to facilitate the referral process and maximize follow-through.

Steps*

Step 1

Provide ways for students and school personnel to learn about sources of help without having to contact you

This entails widespread circulation to students/families and staff of general information about available services on- and off-campus and ways students can readily access services.

Step 2

For those who contact you, establish whether referral is necessary

It is necessary if school policy or lack of resources prevent the student's problem from being handled at school.

Step 3

Identify potential referral options with the client

If the school cannot provide the service, the focus is on reviewing with the student/family the value and nature of referral options. Some form of a referral resource file is indispensable (see original document for more on the idea of a Referral Resource File).

Step 4

Analyze options with client and help client choose the most appropriate ones

This mainly involves evaluating the pros and cons of potential options (including location and fees), and if more than one option emerges as promising, rank ordering them.

Step 5

Identify and explore with the client all factors that might be potential barriers to pursuing the most appropriate option

Is there a financial problem? a transportation problem? a parental or peer problem? too much anxiety/fear/apathy?

(cont.)

*Before pursuing such steps, be certain to review school district policies regarding referral.

STEPS (cont.)

Step 6

Work on strategies for overcoming barriers

This often overlooked step is essential if referral is to be viable. It entails taking time to clarify specific ways the student/family can deal with factors likely to interfere with follow-through.

Step 7

*Send clients away with a written summary of what was decided**

That is, summarize

*specific information on the chosen referral,
*planned strategies for overcoming barriers,
*other options identified as back-ups in case the first choice doesn't work out.

Step 8

*Provide client with follow-through status forms**

These are designed to let the school know whether the referral worked out, and if not, whether additional help is needed in connecting with a service.

Step 9

*Follow-up with students/families (and referrers) to determine status and whether referral decisions were appropriate**

This requires establishing a reminder system to initiate a follow-up interview after an appropriate time period.

Obviously, the above steps may require one or more sessions.

If follow-up indicates that the client hasn't followed-through and there remains a need, the referral intervention can be repeated, with particular attention to barriers and strategies for overcoming them. Extreme cases may require extreme measures such as helping a family overcome transportation problems or offering to go with a family to help them connect with a referral.

*See Appendices of original document for examples of tools to aid these steps.

Tools to Aid in *Assuring Quality of Care*

This **Quick Training Aid** was excerpted from a Technical Aid packet entitled: *School-Based Consultation, Referral, and Management of Care*, Appendix D. Center for Mental Health in Schools (1997).

Management teams need to meet whenever analysis of monitoring information suggests a need for program changes or at designated review periods. Between meetings, it is the responsibility of the primary manager to ensure care is appropriately monitored and team meetings are called whenever changes are needed. It is the team as a whole, however, that has responsibility for designating necessary changes and working to ensure designated changes are made. The tools within this section include forms:

1) to be completed at team meetings regarding the presenting problems, initial treatment plan and changes to this plan,

2) to write up and circulate changes proposed by the management team and emphasize who has agreed to do which tasks by when, and

3) to evaluate the services provided and client progress.

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Management of Care Review Form

Student's Name or ID # _____ Birthdate _____

Primary Manager of Care _____

Management of Care Team (including student/family members):

_____ _____ _____
_____ _____ _____
_____

Initial Plan Date management of care file opened: _____

Student Lives with: _____ Relationship _____
Address_____ Phone _____

Home language _____

Type of concern initially presented
(briefly describe for each applicable area)

	How serious are the problems? not too serious					**very serious**
Learning:	1	2	3	4	5	6
Behavior:	1	2	3	4	5	6
Emotional:	1	2	3	4	5	6
Other:	1	2	3	4	5	6

Problem Identified and Referred by: _____ date_____

Initial client consultation done with: _____ date _____
Conducted by:_____

Indicate diagnosis (if any): _____

Recommendations/Decisions/consents:

Planned Date for Immediate Follow-up: _____
(2 weeks after recommended action)

Immediate Follow-up Date: _____

Appropriate client follow-through? Yes No

If no, why not?

Is the original plan still appropriate? Yes No

If no, why not?

What changes are needed?

Any problems with coordination of interventions? Yes No

If yes:

What needs to be done? By Who? When? Monitoring Date:

If plan has changed, indicate new recommendations/decisions (including plans for improving coordination):

SYSTEMS OF CARE REVIEW: Any general implications for improving the school's systems for referral, triage, client consultation, management of care, integration of school programs, and work with other agencies? If so, these implications should be directed to those responsible for enhancing the system.

Planned date for first team review: _____
(in about 2 months or sooner if necessary)

The primary manager must be certain that (1) everyone understands revised plans and needs to improve coordination and (2) appropriate steps are taken to facilitate action. This requires monitoring activity in the days and weeks that follow this follow-up check.

First Team Review Date:_____

Team members present:

_____ _____ _____

_____ _____ _____

General Update on Client Status (indicate source of information, progress, ongoing concerns, etc.)

With respect to concerns initially presented, at this time --

	Amount of Improvement Seen					
	not too much					very much
Learning:	1	2	3	4	5	6
Behavior:	1	2	3	4	5	6
Emotional:	1	2	3	4	5	6
Other:	1	2	3	4	5	6

Appropriate client follow-through? Yes No

If no, why not?

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Is the current plan still appropriate? Yes No

If no, why not?

What changes are needed?

Any problems with coordination of interventions? Yes No

If yes:

What needs to be done? By Who? When? Monitoring Date

If plan has changed, indicate new recommendations/decisions (including plans for improving coordination):

SYSTEMS OF CARE REVIEW: Any general implications for improving the school's systems for referral, triage, client consultation, management of care, integration of school programs, and work with other agencies? If so, these implications should be directed to those responsible for enhancing the system.

Planned date for next team review: _____
(in about 2 months or sooner if necessary)

The primary manager must be certain that (1) everyone understands revised plans and needs to improve coordination and (2) appropriate steps are taken to facilitate action. This requires monitoring activity in the days and weeks that follow this follow-up check.

Note: This sheet may be used several times over the course of intervention (e.g., every 2 mths).

Ongoing Team Review Date:_____

Team members present:

_____ _____ _____

_____ _____ _____

General Update on Client Status (indicate source of information, progress, ongoing concerns, etc.)

With respect to concerns initially presented, at this time --

	How Severe? not too severe					very severe
Learning:	1	2	3	4	5	6
Behavior:	1	2	3	4	5	6
Emotional:	1	2	3	4	5	6
Other:	1	2	3	4	5	6

Appropriate client follow-through? Yes No
If no, why not?

Is the current plan still appropriate? Yes No

If no, why not?

What changes are needed?

Any problems with coordination of interventions? Yes No

If yes:

What needs to be done? By Who? When? Monitoring Date:

If plan has changed, indicate new recommendations/decisions (including plans for improving coordination):

SYSTEMS OF CARE REVIEW: Any general implications for improving the school's systems for referral, triage, client consultation, management of care, integration of school programs, and work with other agencies? If so, these implications should be directed to those responsible for enhancing the system.

Planned date for next team review: _____
(in about 2 months or sooner if necessary)

The primary manager must be certain that (1) everyone understands revised plans and needs to improve coordination and (2) appropriate steps are taken to facilitate action. This requires monitoring activity in the days and weeks that follow this follow-up check.

End of Intervention Date: _____

Final Update on Client Status (indicate source of information, progress, ongoing concerns, etc.)

With respect to concerns initially presented, at this time --

	How Severe?					
	not too severe					**very severe**
Learning:	1	2	3	4	5	6
Behavior:	1	2	3	4	5	6
Emotional:	1	2	3	4	5	6
Other:	1	2	3	4	5	6

Why is the intervention ending?

If the client still needs assistance, what are the ongoing needs?

What plans are there for meeting these needs?

If there are no plans, why not?

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SYSTEMS OF CARE REVIEW: Any general implications for improving the school's systems for referral, triage, client consultation, management of care, integration of school programs, and work with other agencies? If so, these implications should be directed to those responsible for enhancing the system.

With intervention ending, the primary manager must be certain that (1) everyone who should be informed is provided relevant information and (2) evaluation data are entered into the appropriate systems.

Follow-up Rating Form – Service Status **(Intervener Form)**
(To be filled out periodically by ***interveners)***

To: (Intervener's name)

From: _____, Primary Care Manager

Re: Current Status of a client referred to you by _____ school.

Student's Name or ID # _____ Birthdate _____ Date_____

Number of sessions seen: Ind.___ Group ____

What problems were worked on?

Current status of problems worked on: (Severity at this time)

1	2	3	4
very severe	severe	not too severe	not at all severe

If the problems worked on differ from the "presenting" problems (e.g., referral problem), also indicate the current status of the presenting problems.

1	2	3	4
very severe	severe	not too severe	not at all severe

Recommendations made for further action:

Are the recommendations being followed? YES NO
If no, why not?

How much did the intervention help the student in better understanding his/her problems?

1	2	3	4	5	6
not at all	not much	only a little bit	more than a little bit	quite a bit	very much

How much did the intervention help the student to deal with her/his problems in a better way?

1	2	3	4	5	6
not at all	not much	only a little bit	more than a little bit	quite a bit	very much

Prognosis

1	2	3	4
very positive	positive	negative	very negative

Follow-up Rating Form -- Service Status (Client Form)
(To be filled out periodically by the clients)

Student's Name or ID # _____ Birthdate _____ Date_____

1. How worthwhile do you feel it was for you to have worked with the counselor?

1	2	3	4	5	6
not at all	not much	only a little bit	more than a little bit	quite a bit	very much

2. How much did the counseling help you better understand your problems?

1	2	3	4	5	6
not at all	not much	only a little bit	more than a little bit	quite a bit	very much

3. How much did the counseling help you deal with your problems in a better way?

1	2	3	4	5	6
not at all	not much	only a little bit	more than a little bit	quite a bit	very much

4. At this time, how serious are the problems for you?

1	2	3	4
very severe	severe	not too severe	not at all severe

5. How hopeful are you about solving your problems?

1	2	3	4
very hopeful	somewhat hopeful	not too hopeful	not at all hopeful

If not hopeful, why not?

6. If you need help in the future, how likely are you to contact the counselor?

1	2	3	4
not at all	not too likely	likely to	definitely will

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IV. Additional Resources

- Quick Find on Case/Care Management
- Case Management with At-Risk Youth
- Summary of *Curriculum for Community-Based Child and Adolescent Case Management Training*
- Summary of *Child & Adolescent Case Management: An Annotated Bibliography. 1987-1991*

This Center Response is from our website at http://smhp.psych.ucla.edu To access the online version, visit our website, click "Search & Quick Find" on the left and then scroll down in the list of "Center Responses" to *Bullying*

A Center Response:

The following reflects our most recent response for technical assistance related to CASE/CARE MANAGEMENT. This list represents a sample of information to get you started and is not meant to be an exhaustive list.

(Note: Clicking on the following links causes a new window to be opened. To return to this window, close the newly opened one).

If you go online and access the Quick Find, you can simply click over to the various sites to access documents, agencies, etc. For your convenience here, the website addresses for various Quick Find entries are listed in a table at the end of this document in order of appearance, cross-referenced by the name of the resource.

Materials produced by Our Center

- A Technical Aid Packet on School-Based Client Consultation, Referral, and Management of Care
- Addressing Barriers to Learning: New Directions for Mental Health in Schools

Selected Materials from our Clearinghouse

- A Guide to Case Management for At-Risk Youth
- Case Management in Service Integration: An Annotated Bibliography
- Children and Adolescent Case Management: An Annotated Bibliography
- Curriculum for Community Based Child and Adolescent Case Management Training
- Packet of Case Management Models
- School-Based Case Management: An Integrated Service Model for Early Intervention with Potential Dropouts
- What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services

Relevant Publications on the Internet

- A School-Based Care Management Service for Children with Special Needs
- NASW Standards for Social Work Case Management
- A Resource Guide of Best Practices for Pregnant and Parenting Teen Programs: Case Management and Family Support Services
- CARAS: A School-Based, Case Management System for At-Risk Students
- Integrated Services: A Summary for Rural Educators
- A Review of Case Management for People Who Are Homeless: Implications for Practice, Policy, and Research

Related Agencies and Websites

- Case Management Society of America
- American Case Management Association
- Case Management Society International
- Center for the Study and Teaching of At-Risk Students (C-Stars)

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- National Center for Case Management and Automation Children's Hospital of Los Angeles
- Case Management Resource Guide
- State of California Child Welfare Services/Case Management System

Relevant Publications That Can Be Obtained at Your Local Library

- St. Pierre, Robert G.; Layzer, Jean I.; Goodson, Barbara D.; Bernstein, Lawrence S. The effectiveness of comprehensive, case management interventions: Evidence from the National Evaluation of the Comprehensive Child Development Program. American Journal of Evaluation. Elsevier Science: United Kingdom, 1999 Win. 20 (1): p. 15-34.
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  Carolyn T. Cobb, Ed; et al. Integrated services for children and families: Opportunities for psychological practice.. American Psychological Association: Washington, DC, US, 1997. p. 157-190 of xviii, 386pp.
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- Bryant, Deborah M.; Bickman, Leonard Methodology for evaluating mental health care management. Evaluation & Program Planning. Elsevier Science Inc: US, 1996 May. 19 (2): p. 121-129.
- Werrbach, Gail B. Family-strengths-based intensive child case management. Families in Society. Manticore Publishers: US, 1996 Apr. 77 (4): p. 216-226.
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- Adoption of intervention-based assessment for special education: Trends in case management variables. By McNamara.

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Kathy (1998). In: School Psychology International, 19 (3): p. 251-266.
- From case management to service coordination for children with emotional, behavioral, or mental disorders : building on family strengths. Edited by Barbara J. Friesen and John Poertner (1995). Baltimore: P.H. Brookes.
- The impact of a family-centered case management approach. By Marcenko, Maureen O.; Smith, Linda K. (1992). In: Social Work in Health Care, 17 (1): p. 87-100.
- Child sexual abuse : an interdisciplinary manual for diagnosis, case management, and treatment. By Kathleen Coulborn Faller (1988). New York : Columbia University Press.

We hope these resources met your needs. If not, feel free to contact us for further assistance.For additional resources related to this topic, use our search page to find people, organizations, websites and documents. You may also go to our technical assistance page for more specific technical assistance requests.

If you haven't done so, you may want to contact our sister center, the Center for School Mental Health Assistance at the University of Maryland at Baltimore.

If our website has been helpful, we are pleased and encourage you to use our site or contact our Center in the future. At the same time, you can do your own technical assistance with "The fine Art of Fishing" which we have developed as an aid for do-it-yourself technical assistance.

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Shortcut Text	Internet Address
A Technical Aid Packet on School-Based Client Consultation, Referral, and Management of Care	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2305DOC9998
Addressing Barriers to Learning: New Directions for Mental Health in Schools	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2312DOC9998
A Guide to Case Management for At-Risk Youth	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2305DOC5
Case Management in Service Integration: An Annotated Bibliography	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2305DOC10
Children and Adolescent Case Management: An Annotated Bibliography	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2305DOC2
Curriculum for Community Based Child and Adolescent Case Management Training	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2305DOC3
Packet of Case Management Models	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2305DOC7
School-Based Case Management: An Integrated Service Model for Early Intervention with Potential Dropouts	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2305DOC8
What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=1202DOC40
A School-Based Care Management Service for Children with Special Needs	http://www.findarticles.com/cf_dls/m0FSP/2_23/63536761/print.jhtml
NASW Standards for Social Work Case Management	http://www.naswdc.org/pubs/standards/casemgmt.htm
A Resource Guide of Best Practices for Pregnant and Parenting Teen Programs: Case Management and Family Support Services	http://www.center-school.org/education/ppt/pptcase.htm
CARAS: A School-Based, Case Management System for At-Risk Students	http://www.thejournal.com/magazine/vault/A1326.cfm
Integrated Services: A Summary for Rural Educators	http://www.ed.gov/databases/ERIC_Digests/ed357906.html
A Review of Case Management for People Who Are Homeless: Implications for Practice, Policy, and Research	http://aspe.hhs.gov/progsys/homeless/symposium/7-Casemgmt.htm
Case Management Society of America	http://www.cmsa.org/
American Case Management Association	http://www.acmaweb.org/
Case Management Society International	http://www.cms-international.org/index2.htm
Center for the Study and Teaching of At-Risk Students (C-Stars)	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=02234
National Center for Case Management and Automation Children's Hospital of Los Angeles	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=02496
Case Management Resource Guide	http://www.cmrg.com/
State of California Child Welfare Services Case Management System	http://www.hwcw[illegible]cahwnet.gov/
search	http://smhp.psy[illegible].ucla.edu/search.htm
technical assistance page	http://smhp.psych.ucla.edu/techreq.htm

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Shortcut Text	Internet Address
Center for School Mental Health Assistance	http://csmha.umaryland.edu/
"The fine Art of Fishing"	http://smhp.psych.ucla.edu/selfhelp.htm

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Case Management with At-Risk Youth

Available on-line: [http://graduateschool.heller.brandeis.edu/chr/case.htm]

Hector is a seventeen year old dropout, living on the streets. Barely literate in English and Spanish, he left school two years ago after repeating the ninth grade unsuccessfully. He has never held a steady job and has had several run ins with the law. He is alternately charming and angry, and not sure what he wants. He needs, at the very least, basic education, skills training, housing assistance, counseling and a job.

Julia is fifteen, a high school sophomore, and several months pregnant. She has gotten along in school, but she only reads at the seventh grade level. She is planning to drop out of school soon and go to work, though her only experience is as a baby-sitter. She is going to need help staying in school and staying healthy: remedial education, health and day care, career education and some initial work experience.

Hector and Julia represent a growing challenge for youth practitioners: how to access and manage the increasingly complex set of services needed by at-risk youth. As youth employment and education programs expand their services to those most at risk, they need to coordinate not only employment and training services, but such services as remedial education, family counseling, health, housing, public welfare, and day care. And as the number of organizations involved in serving each youth grows, so do the problems of determining service options, making successful referrals, and tracking client progress over an extended period of time.

For many youth practitioners, the answer to these problems is case management: the use of a broker - the case manager - to help at-risk youth identify, gain timely access to, and successfully complete an individualized set of services provided by a variety of institutions. Case management is not a new idea - social workers and others have made use of it for decades. But it is one that has only begun to applied in the fields of education and youth employment.

Recently, the Center for Human Resources at Brandeis University was asked to examine case management practices in several fields and to provide some guidance for youth practitioners. What we found was that case management is an exciting concept. It offers the potential for customized services, coordination, and a coherent, comprehensive approach to the problems of at-risk youth. But case management is not a magic bullet. The reality is that an effective case management effort is tough and time-consuming to implement. Whatever form it takes (and it takes many forms), case management is more likely to pave the way for valuable, but incremental, improvements in services rather than wholesale change. Moreover, case management is, ultimately, a "political" system. Case management's success depends in large part on the willingness of established institutions to change their traditional ways of doing business. This article presents some of the basic lessons that we synthesized from our review of case management in employment programs, and in services for teenage parents, the elderly, and the developmentally disabled. Its goal is not to provide a simple, standard case management formula - there is none. But it does attempt to identify some important ingredients for case management and to describe some of the key steps common to case management systems.

What is Case Management? One reason why it is difficult to provide a state-of-the-art formula for successful case management is that nobody agrees about what case management actually is.

After reviewing the literature on the use of case management with the elderly, James Callahan, a Brandeis University policy expert, concluded that it has become "a Rorschach test. Each professional tends to understand case management based on his or her own setting and experience." Others have drawn similar conclusions, commenting that the term is "mired in controversy and confusion" and that "its functions have been interpreted in disparate ways, often making case management a paradoxical assortment of activities...."

Common Definitions. Some common themes, however, can be found. One authority, the Joint Commission on Accreditation of Hospitals, defined case management services as "activities aimed at linking the service system with a consumer, and coordinating the various system components to achieve a successful outcome. Case-management is essentially a problem-solving function designed to ensure continuity of services and to overcome systems rigidity, fragmented services, misutilization of certain facilities, and inaccessibility."
A second definition echoes the first: "At the systems level, case management may be defined as a strategy for coordinating the provision of services to clients within that system. At the client level, case-management may be defined as a client-centered, goal-oriented process for assessing the need of an individual for particular services and obtaining those services."
As we reviewed more than a dozen definitions, several consistent ideas emerged. Case management is an approach that seeks to make service delivery:

- Integrated
- Client-Centered
- Coordinated
- Goal Oriented
- Accountable
- Flexible
- Sequenced
- Cost-Effective
- Sustained
- Comprehensive

It can best be appreciated as an opportunity for institutions to link with other institutions in a coordinated fashion that ultimately benefits the client because it:

- incorporates a coherent, sequential, multidimensional, problem-solving approach;
- locates the client within a particular "life space" and social framework;
- seeks to stimulate change both within the client and the overall environment of which he or she is a part.

Why is Case Management Needed?

At-risk youth have needs that are often complex and intertwined. They require help determining which among a variety of services they need, when, and in what order. They require assistance finding and accessing those services, and support to successfully complete those services.

Human service institutions, on the other hand, are often one-dimensional and specialized. They typically offer services that are funded and provided as separate entities: housing is the niche of one agency, education that of another, and job training that of a third.

The result is that there is often a mismatch between the behavior of the helping-professions and the needs of the youth whom those services intend to help. Without case management, interventions are often uncoordinated and scarce resources squandered. A young person can easily fall through the cracks or give up trying to navigate what is, in most locales, a disjointed multi-institutional "non-system." The function of case management is to overcome the mismatch between institutions and client needs and to provide the continuity of services that is critical for at-risk youth.

Effective Case Management

In order to locate and walk a young person through a sequence of services, the typical case management system has the following components:

- Finding and attracting appropriate clients;
- Intake and assessment;
- Designing a service plan;
- Intervening in the community: broke ring, advocating, and linking;
- Implementing and monitoring the service plan;
- Evaluating the effectiveness of case management.

What makes these activities effective, however, is the philosophy or approach that guides them. As we reviewed the literature and talked with practitioners, four major themes stood out as central to almost every aspect of the case management process:

Case Management Requires Partnership. Case management is, first and foremost, a system of partnerships: between case manager and client, and between organizations. In an effective case management system, the case manager works in partnership *with* the client, sharing responsibility, rather than working *on* the client. There is a division, rather than a substitution, of labor. Case management also involves partnerships among institutions. At some level, each must be willing to be flexible and to share access to services or resources. In that context, the case manager works for all the partners, helping institutions access clients, and linking clients with those institutions that offer the services young people need.

Case Management Must Provide Predictability. Many disadvantaged youth experience life as a series of random events over which they have little control. Successful case management systems work to rebuild that sense of control and predictability by helping young people to plan, to set goals, and to undertake a systematic process of meeting those goals. Young people learn that they can make choices and that their actions lead directly to concrete.

Case Management Demands Accountability. Client trust and effective coordination rest on the delivery of promised services. For case management to work, clients, case managers, and institutions must be clear about their roles and responsibilities; tasks and associated time lines must be written down; and ambiguity must be replaced by explicit agreements. When accountability is not clear, case management systems break down.

Case Management Communicates Respect for the Client. The success of any case management effort depends on the degree to which the young person is engaged in the development and joint ownership of a remediation plan, and has a major stake in insuring its success. A strategy that is imposed with little regard for a client's interests or concerns has little chance to bear fruit. In every aspect of case management, then, the client has to be treated as a mature, responsible adult not as a number or a child.

Making Case Management Work

These themes set the context for case management and shape much of what takes place in each step of the case management process.

Finding and Attracting Appropriate Clients. The initial contacts with a case management system are an important opportunity to establish a relationship and set expectations. Predictability and accountability should be hallmarks of those contacts. Potential clients need to be oriented to the purposes and structure of case management, what it can and cannot provide, and what their responsibilities will be. They should clearly understand early on that case managers work in partnership *with* them, not *on* them, and that development of a case management plan may constitute a commitment to long-term services.

Equally important, those initial contacts need to convey an attitude of respect. Case managers and their supporting service providers need to show a genuine feeling of enthusiasm, caring, and dignity to the youths who approach them. This includes initial telephone contacts. No contact with a young person should be conducted in an impersonal, bureaucratic manner: it will only turn that young person off.

Lastly, case management is not for everyone. To be effective, a case management system needs to identify a target population that can benefit from long-term, holistic services, *and* that is amenable to receiving them. The marketing and outreach campaign needs to be clear about what is being offered while highlighting the benefits of a long-term, individualized approach.

Intake and Assessment. Intake and assessment should also be caring, professionally-handled experiences that communicate respect to the client.

The enrollment process sets a tone for an ongoing relationship. When the case manager (not a clerical functionary) interviews the client, he or she should retrieve not only the information typically sought in the organization's regular intake process, but also data related to comprehensive, long-term services. This information will contribute to current and later accountability. At the same time, to contribute to the client's sense of predictability and partnership, care must to be taken to inform him or her about *why* data is being gathered and how it will be used.

The most effective assessment tool is a series of personal appointments in which the case manager hears, sees, and senses the young person's situation. The case manager can learn who this person is, what strengths can be worked with, and what vulnerabilities must be compensated for. Interviews should shed light on such questions as:

- What social skills does the client possess? How developed are verbal and expressive capacities? What affect and emotional tone are conveyed? How organized is the client? How does he or she describe problems, possible solutions, and future ambitions?

- What support network already exists? Who within the client's environment can be turned to for help? Are there role models?
- What is the client's school history? What problems crop up and when? Do patterns emerge in the relationship of the client to teachers and school authorities?
- What is the client's employment experience? What issues recur? What vocational interests are expressed? Are the client's expectations realistic?
- What is the client's service history? Is it possible to pick up where a previous service provider left off?

Assessment will probably also involve testing; however, it is important to choose tests capable of generating information that is accurate and that a program will actually use. Many testing instruments exist; however, no one test renders a complete understanding of a client's problems and potentialities. In addition, unless testing is related to real program options and can help determine which options make sense for a client, the entire process becomes a misleading exercise. Respect for the client leads to the rule: "collect all the information you can use, and use all the information you collect."

In sum, the intake and assessment process helps map out the terms of the case manager/client partnership, subject, of course, to revision and renegotiation. But it is equally important to note that, while there are advantages to gathering lots of good data up front, assessment is an ongoing process. The case manager will need to work hard over time to develop a relationship with the client and to continually track his or her progress.

Designing a Service Plan. The alliance between case manager and client is intended to bring about change. The case manager works in partnership with the client to develop clear expectations and set realistic goals. The client's views of what she or he wants must be acknowledged, respected, and then tempered with the case manager's input about reality.

How goals are subsequently translated into changes, through what means, and over what period of time, are issues that are addressed and pinned down in a written service plan. To assure predictability, the case manager needs to explain how one service precedes another, and to help the client sequence each service. Together, they work as partners to formulate a written contract that insures mutual accountability - one that delineates their respective responsibilities and is explicit about the nature of the partnership being agreed to.

An ideal plan includes long-term goals accompanied by short-term objectives that are quickly achievable - the client can experience regular, predictable "wins." The plan translates those objectives into the services necessary to achieve them, and identifies organizations or individuals who provide those services.

A well-designed service plan ensures client ownership. Specific, mutually defined tasks, clear time lines, and delineation of mutual roles help the young person feel that it is his or her plan, and that he or she is empowered to carry it out. To reinforce the ownership, predictability and accountability represented by the plan, the case manager should also include dates to review the plan with the client, and a projected date for termination of case-management.

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Intervening in the Community: Brokering, Advocating, and Linking. For a case manager to make effective referrals, institutions at the receiving end must have slots available on an needed basis. They must be willing to grant timely admission to their programs, rather than placing the client on a waiting list. Ideally, the case manager can say: "I need my client enrolled in your program this week," and have it happen. Persuading institutions to do this is not easy.

Agencies providing case management have taken a variety of approaches to the referral process. Some place primary responsibility for identifying and securing services with the case manager, who works to develop needed slots on a case by case basis. Other agencies have organized the referral process more formally by assigning the task to a "resource developer" who secures service slots from agencies in the same manner as job developers have traditionally obtained employment slots from businesses.

Both of these approaches, however, are far from ideal. Both are essentially piecemeal approaches that do little to encourage institutions to move away from "business as usual." As a result, case managers and "resource developers" continue to face problems securing slots. Both approaches lack predictability (the case manager cannot guarantee a slot to the client) and accountability (agencies are not accountable for failure to provide services). And neither can guarantee respect for the client (institutions have no rules or buy-in related to this aspect of client service). While both approaches place a case manager in charge of identifying and linking together a sequence of services, they offer few tools for assuring the quality of services or that the necessary linkages will actually take place.

The tools needed to assure timely referrals and to institutionalize case management over the long-term are most likely to result from the creation of a formal inter-agency partnership or providers alliance in which member institutions empower case managers to "requisition" slots across institutional boundaries. Formed specifically to enable case managers to arrange fast admission to services for their clients, these collaborations can be organized with clear rules that ensure accountability, communicate respect, and build in predictability. (See the discussion of the Boston Education and Employment Project in this issue for information on one case management alliance.) Collaborations of this type take hard work to develop and maintain. But without the establishment of a network of explicit agreements - partnerships - case management is unlikely to offer significant improvements over the existing service delivery system.

Implementing and Monitoring the Service Plan. The partnership between client and case manager continues in accomplishing the terms of the service plan. That process involves a division of labor in which the young person carries his or her weight: showing up for appointments, enduring testing, attending training classes, etc. The case manager provides oversight, ensures coordination and continuity of service, and gives the youth opportunities to show initiative and develop competence. The relationship is dynamic and shifting, sometimes requiring hand-holding, sometimes stern lectures ("tough love"), sometimes nagging, sometimes a gentle push to risk "going it alone" - always based in respect.

A case manager skilled in the use of referral procedures can help a young person become an active partner in his or her own service plan.

After assisting a client to identify the problems he or she faces, translating those problems into service needs, and giving each an appropriate priority, the case manager generates a set of service optio from which the client can choose. Before choosing, the case manager and client discuss how each option might meet the client's needs - issues such as the reputation of each agency, their eligibility

requirements and fees, the amount of time the client will have to spend in service, and agency locations and proximity to transportation.

Once the client has chosen an option, he or she needs to hear about the referral procedure in simple step-by-step terms. Ideally, the client will then, in the case manager's presence, call a known person at the referral organization and schedule an appointment. In all cases, the client should write down the appointment date, time, contact person's name, and directions to the referral agency. Predictability is the watchword.

The case manager also needs to determine how much additional support the client needs to carry out the referral successfully (transportation, hand-holding, baby-sitting, etc.) and help the client arrange for that support.

To ensure accountability, the case manager usually contacts both the client and the referral agency shortly after the client's appointment to identify what transpired as seen through the eyes of both parties - perceptions often differ. The client and case manager can then determine what the client's next steps are, how the case manager can support their implementation, and whether a revision of the service plan is called for. These tasks are written down and become part of the service plan. Of course, if the client did not attend the appointment as planned, it is through such monitoring that the case manager learns that corrective action is necessary.

After a client has been successfully placed into a program, the case manager monitors the placement to assure that it meets the needs set forth in the service plan. If the client completes a service, he or she can then move on to the next (predicted) aspect of his or her service plan. On the other hand, if the client is unable to achieve his or her goals through the referral, it may be time for the case manager to intervene with the referral agency, or even to review and adjust the service plan.

Accountability and predictability in implementing a service plan also depend on communication among the service providers. As much as possible, there should be regular team meetings, face to face, with the various human service workers associated with each case.

Problems must be worked out, histories shared, expectations established. Team meetings (case conferences) are at the heart of "continuity of care."

Finally, the long-term goal of any service plan should be for a client eventually to no longer need case management. Partnership, predictability, accountability and respect are all aimed at helping young people to complete their service plans, learn how to access other services on their own, and feel ready to handle life without professional intervention: in short, to be ready to break from case management dependence.

Evaluating the Effectiveness of Case Management. Case management is expensive and time consuming. It is important, therefore, that its results be evaluated. Some of the questions that need to be asked are:

- Over several years, do the numbers financial analysis, placements, positive terminations, etc. - bear out what practitioners' gut-level views may have called "success?"

- Have the services and resources to which clients have been referred been appropriate and adequate to meet their needs? Was case management effective at accessing and coordinating those services and resources?

- What has happened to clients one year, and two years, after ceasing case management support? What might have happened if case management had not been provided?

- If evaluation indicates that case management may not have been successful, should it be discontinued, or could some adjustment make it viable?

While these are tough questions, they are critical to understanding if case management is working and whether the effort going into it is ultimately paying off.

The Case Manager's Role

The basic principles of case management point to a multifaceted role for the case manager. In essence, case managers are "jacks of all trades." They stimulate, coordinate, and monitor service delivery so that youth do not fall through cracks. They do whatever is necessary to remove barriers hindering a client's advance towards self-sufficiency.

According to one text, case managers "help clients develop and effectively utilize their own internal problem solving and coping resources, and facilitate ongoing interactions between resource systems to enable those systems to work together more effectively. Case managers facilitate and improve interaction between staff within resource systems to promote the effective and humane operation of these systems and to make them responsive to client needs. They establish linkages between clients and resource systems, and between resource systems themselves to make them accessible to each other. They develop new resource systems to meet the needs of clients." [Anne Minahan, "Generalists and Specialists in Social Work," Arete (Fall, 1976)]

Case managers serve as surrogate parents, role models, counselors, social entrepreneurs, and political advocates. They nag, cajole, prod, and encourage clients. They pressure institutions to act responsibly or lubricate the gears between institutions. They make referrals, and monitor client fit. They deal with the client's family life; work and school; social services and public institutions. They alter client behaviors strengthening client capacity to exercise self determination and autonomy.

Qualifications for Case Managers. What are the proper qualifications of a case manager? They vary according to the context. A national study examining 140 case managers in six cities, for example, found that roughly a third had less than a college degree, 55% had four years of college and only 15% were master's level. Social work training was typical, but not obligatory. Case managers serving teenage girls often had a nursing background. Ex-gang members sometimes did case management work with gangs. At times, parents served as case managers for developmentally disabled children.

Disciplined Empathy. Case management qualifications reflect local environments; nevertheless, some cross-cutting criteria can be identified. For example, effective case managers seem to exhibit what might be called "disciplined empathy." They respect and care about their clients, and can develop partnerships with those clients. They listen to what clients say, read between the lines, and size them

up. They can work with the client to develop a service plan, and can have the client "buy in" to it as if it were his or her idea in the first place.

Effective case managers demand accountability from clients. They have a compassionate but tough-minded understanding of the youth they work with - an ability to develop a therapeutic alliance, and to challenge and confront kids to meet their end of the bargain.

Partnership Skills. At the same time, case managers have to have the skills to develop partnerships with institutions. Diplomatic sensitivity is a key trait. Case managers negotiate with bureaucracies for services. To do so well requires adept social skills, and an ability to read institutional cultures. Crossing jurisdictional lines entails a delicate balancing act - doing business on someone else's turf. Out-stationed staff must be able to assert client interests, while being creative and flexible enough to make case management complement the mission of the host.

Being indigenous to, or at least to have a working knowledge of their community can be a plus for a case manager. Being of the same racial or linguistic background as the majority of clients is also desirable. Neither is a precondition.

It also helps if case managers have a human services orientation. They need to adopt a philosophy that barriers to client self determination are *both* internal and external, and constantly interact. Interventions must aim at changing both the individual and the environment.

Entrepreneurial Ingenuity. Finally, case managers should exhibit entrepreneurial ingenuity. Because resources are not immediately accessible, effective case managers need to be able to fashion client support networks from resources under others' control. They need to be able to mediate alliances among competing agencies, establish trust and articulate mutual interests.

Staff Development Key. It must be acknowledged, up front, that it is rare for an organization to hire an ideal, ready-to-operate case manager. In fact, it is neither feasible nor desirable that case managers have a standard resume. Rather, good case managers are created. They enter the field with solid "raw material," but it is training that molds them into effective professionals.

The key to that process is on-going staff development that acquaints potential case managers with the multiple elements of good case management and conveys the capacity to design - in partnership with clients - a strategy of predictable remediation and support. Case managers should learn to conceptualize the importance of family, group, community, and social policy as they effect schemes of intervention. They should understand the components of accountability - a good case record, and clear entries for intake, referral, service delivery, termination, and follow-up. Case managers should be able to define and give examples of advocacy techniques. Finally, case managers must grasp the need for partnership agency coordination and institutional collaboration - and understand the barriers which stand in the way of building such alliances, and how these barriers can be overcome.

The Case for Case Management

In the end, case management cannot be seen a cure-all for all the problems of serving at-risk youth. It is difficult to implement, time consuming and resource intensive to operate well, and depends on the willingness of established institutions to change their long-standing ways of doing business.

But case management still has much to offer practitioners serving at-risk youth. When given the care and attention required, a case management approach can provide an essential measure of coordination

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and support for youth in need of assistance. And as human service professionals confront increasingly complex problems and seek new ways to respond, case management can provide a valuable conceptual framework in which services can be planned and new techniques for bringing those plans into operation.

This article draws on research conducted by Andrew Hahn, Paul Aaron and Chris Kingsley at the Center for Human Resources for the New York Community Trust and the Exxon Education Fund. It also builds on the Center's work for the Annie E. Casey Foundation's New Futures initiative. This and additional material form the basis for a forthcoming (Spring, 1989) Center for Human Resources publication on effective case management practices. For more information on that publication, contact The Center for Human Resources, The Heller School, Brandeis University, 60 Turner Street, Waltham, MA 02254-9110.

Summary of

Curriculum for Community-Based Child and Adolescent Case Management Training

Norma Radol Raiff (December, 1992). Developed under contract with the South Carolina Department of Mental Health for the Southern Human Resources Development Consortium for Mental Health, 2414 Bull Street, P.O. Box 485, Columbia, South Carolina 29202.

The curriculum was developed to help states and local programs to prepare specialized community-based case managers to work with seriously emotionally disturbed children and adolescents.

Includes Units on the following topics:

- **Why is children's case management different from adult case management? Public, clinical, and parent perspectives.** This unit introduces participants to the philosophy of "a system of care." Objectives include describing the state or program's eligibility criteria and identifying five differences between child and adult mental health case management

- **Families as allies: Empowerment perspectives.** This unit helps participants identify and reinforce skills and attitudes associated with successful family collaboration. Sensitivity to the cultural diversity of families and techniques for a more responsive practice will be discussed. Objectives include describing why collaboration is essential, identifying barriers, and discussing family empowerment strategies.

- **Consultative case management: Team building and beyond**. In this unit participants learn the philosophy of case management as consultation with parents and other team members. Objectives include defining what consultation means, identifying the dynamics and process of team meetings, and describing how case managers can be consultants with others.

- **Monitoring and quality assurance: Standards of documentation**. This unit describes the process of setting goals for a service plan, and monitoring based on quality assurance and quality improvement standards. Objectives include describing an assessment process that recognizes both strengths and needs, developing a working service plan, defining standards of documentation, and suggesting steps for improving practice.

- **Resource acquisition**. In this unit, participants learn about collaborative structures which are vehicles for resource acquisition and the development of individualized services. Objectives include describing the local (State) "system of care," describing the resources and procedures for accessing these resources.

- **Putting it together: A guided role play**. This unit gives participants an opportunity to apply case management skills in three different practice situations: referral, strengths interviewing, and negotiation. Objectives include understanding and working with common issues in child team settings, proficiency in initiating contact with a parent/child, and proficiency in negotiating systems in partnership with a parent/child.

- **Advocacy for children with serious emotional disturbance/behavioral disorders**. This additional unit provides an overview of the role of advocacy in child case management.

- **Appendices with optional assessments and masters for overheads**.

Summary of

Child & Adolescent Case Management: An Annotated Bibliography. 1987-1991

Norma R. Raiff. Prepared under contract for the Southern Human Resources Development Consortium for Mental Health, 2414 Bull Street, P.O. Box 485, Columbia, South Carolina 29202.

This annotated bibliography brings together summaries of information related to children and adolescents' mental health service needs and service interventions which were identified through a computerized literature search.

Includes bibliographic summaries on the following topics:

- **Case management overview: Philosophy, values, and history.** Includes references on working with special populations, integrated teams, enabling and empowerment perspectives, and including family in services.
- **Case management interventions.** Includes references on parent-professional collaboration, family assessment, treatment planning, and integrated services in the school.
- **Model programs**. Includes references on case management with teen parents, addressing homelessness, serving rural families, home-based intervention, and early intervention.
- **Research**. Includes studies that examined differences in perceptions depending on roles, evaluation of a model program, the introduction of the Family-Focused Intervention Scale, and assessment of family functioning.
- **Curriculum**. Includes summaries of curriculum on comprehensive mental health treatment, addressing on children's mental health in social work education, and training on parent-professional collaboration.

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V. Originals for Overheads

- Common Definitions of Case Management
- Systems for Managing Care (2 pages)
- Effective Case Management in Schools

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Common Definitions of Case Management:

- **" activities aimed at linking the service system with a consumer, and coordinating the various system components to achieve a successful outcome."**
- **" a problem-solving function designed to ensure continuity of services and to overcome systems rigidity, fragmented services, misutilization of certain facilities, and inaccessibility."**
- **"At the systems level, case management may be defined as a strategy for coordinating the provision of services to clients within that system."**
- **"At the client level, case-management may be defined as a client-centered, goal-oriented process for assessing the need of an individual for particular services and obtaining those services."**
- **Case management seeks to make service delivery…**

…Integrated	…Client-Centered
…Coordinated	…Goal Oriented
…Accountable	…Flexible
…Sequenced	…Cost-Effective
…Sustained	…Comprehensive

Excerpt from *Case Management with At-Risk Youth*. Hahn, A., Aaron, P., & Kinglsey, C. The Center for Human Resources, Brandeis University. On-line: [http://graduateschool.heller.brandeis.edu/chr/case.htm]

Systems for Managing Care

Initial Monitoring of Care involves:

- Focusing on whether a student/family has been connected with a referral service.

Ongoing Management of Care involves:

- Monitoring processes and outcomes using information systems that enable staff to regularly gather, store, and retrieve data.
- Producing changes as necessary to improve quality of processes.
- Assembling a "management team" of interveners and clients, and assigning primary responsibility for management of care to one staff member or to several staff who share the role.
- Assuming a role that always conveys a sense of caring and a problem-solving orientation, and involves families as empowered partners.
- Facilitation of self-determination in clients by encouraging participation in decision-making and team reviews.
- Meeting as a management team whenever there is a need for program changes or at designated review periods.

Excerpts from *A Technical Aid Packet on School-Based Client Consultation, Referral, and Management of Care*, UCLA Center for Mental Health in Schools

Systems of Care involve:

- Developing and provide a full array of community-based programs to enhance what is available and reduce overreliance on out-of-home placements and overly restrictive treatment environments;

- Increasing interagency collaboration in planning, developing, and carrying out programs to enhance efficacy and reduce costly redundancy;

- Establishing ways that interventions can be effectively adapted to the individuals served.

- Creating a Resource Coordinating Team that brings together representatives from all major programs and services addressing barriers to learning and promoting healthy development. This team may…

  - ✍ Conduct resource mapping and analysis with a view to improving resource use and coordination

  - ✍ Ensure that effective systems are in place for triage, referral, management of care, and quality improvement

  - ✍ Establish appropriate procedures for effective program management and for communication among school staff and with the home

  - ✍ Suggest ways to reallocate and enhance resources (e.g., clarifying how to better use staff and resources, which activities need revision or are not worth continuing).

Excerpts from *A Technical Aid Packet on School-Based Client Consultation, Referral, and Management of Care*, UCLA Center for Mental Health in Schools

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Effective Case Management in Schools

"An effective school model of case management should include the following strategies…

- **Develop a clearly articulated philosophy and theoretical framework;**
- **Identify a designated person and join a network, who plans, coordinates and liaises within and outside the school;**
- **Visualize a future where individual case management is replaced with school-wide practice of case management principles;**
- **Listen to the voices of young people;**
- **Develop a process to identify the needs of all young people in the school;**
- **Establish a comprehensive work experience/ vocational learning program;**
- **Develop a process to identify and address systematic risk factors in the school;**
- **Develop a process to identify and respond to risk in the community;**
- **Establish strong school and community networks;**
- **Conduct on-going formative and summative evaluations."**

Excerpt from M. Dowd, M. Ryan, & R. Broadbent (August, 2001), *Building Scaffolds of Support: Case Management in Schools. A Report for the Victorian Full Service Schools Programs.*

We hope you found this to be a useful resource.
There's more where this came from!

This packet has been specially prepared by our Clearinghouse. Other Introductory Packets and materials are available. Resources in the Clearinghouse are organized around the following categories.

Systemic Concerns

- Policy issues related to mental health in schools
- Mechanisms and procedures for program/service coordination
  - Collaborative Teams
  - School-community service linkages
  - Cross disciplinary training and interprofessional education
- Comprehensive, integrated programmatic approaches (as contrasted with fragmented, categorical, specialist oriented services)
- Issues related to working in rural, urban, and suburban areas
- Restructuring school support service
  - Systemic change strategies
  - Involving stakeholders in decisions
  - Staffing patterns
  - Financing
  - Evaluation, Quality Assurance
  - Legal Issues
- Professional standards

Programs and Process Concerns

- Clustering activities into a cohesive, programmatic approach
  - Support for transitions
  - Mental health education to enhance healthy development & prevent problems
  - Parent/home involvement
  - Enhancing classrooms to reduce referrals (including prereferral interventions)
  - Use of volunteers/trainees
  - Outreach to community
  - Crisis response
  - Crisis and violence prevention (including safe schools)
- Staff capacity building & support
  - Cultural competence
  - Minimizing burnout
- Interventions for student and family assistance
  - Screening/Assessment
  - Enhancing triage & ref. processes
  - Least Intervention Needed
  - Short-term student counseling
  - Family counseling and support
  - Case monitoring/management
  - Confidentiality
  - Record keeping and reporting
  - School-based Clinics

Psychosocial Problems

- Drug/alcoh. abuse
- Depression/suicide
- Grief
- Dropout prevention
- Gangs
- School adjustment (including newcomer acculturation)
- Pregnancy prevention/support
- Eating problems (anorexia, bulim.)
- Physical/Sexual Abuse
- Neglect
- Gender and sexuality
- Learning, attention & behavior problems
- Self-esteem
- Relationship problems
- Anxiety
- Disabilities
- Reactions to chronic illness